

THIS ISSUE

Utilization Review Simplification Pilot Study

TO:

Medical Physicians
Physician Assistants
Osteopathic Physicians
Ambulatory Surgery Centers
Nurse ARNPs
Hospitals Full Care
Hospitals Outpatient
MD/DO Clinics

CONTACT:

Provider Hotline

1-800-848-0811
From Olympia 902-6500

Nikki D'Urso, ONC

Utilization Review Contract
Manager
Office of the Medical Director
PO Box 44321
360 902-5034
Durn235@lni.wa.gov

Copyright Information: Many *Provider Bulletins* contain CPT codes. CPT five-digit codes, descriptions, and other data only are copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein. CPT codes and descriptions only are copyright 2004 American Medical Association.

Purpose

This Provider Bulletin announces the Utilization Review Simplification Pilot Study. The goals of the Utilization Review Simplification Pilot study are to:

- Reduce the utilization review (UR) requirements for those providers who consistently follow guidelines and obtain approval recommendations from the Department's utilization review vendor.
- Simplify the UR process for all providers, focusing on the most common outpatient surgery requests.
- Encourage providers to use and follow the Department's Medical Treatment Guidelines.
- Increase timeliness of prior authorizations.

The effective date of the study is July 1, 2005.

This change applies to State Fund claims only.

This bulletin supplements PB 02-04, which should be retained for reference.

What is the Utilization Review Simplification Pilot Study?

From July 1, 2005 to June 30, 2006, providers will participate in a pilot study:

- Providers with 100% UR approval recommendations (no denial recommendations) for the 2 year period January 1, 2003 to December 31, 2004 (Group A Providers) will be exempt from some UR requirements. These providers will not be required to submit clinical information, chart notes or diagnostic reports to Qualis for most outpatient surgeries.
- All other providers will be given the opportunity to utilize a clinical checklist request form on selected procedures. These outpatient procedures would include, but are not limited to carpal tunnel surgery and most knee and shoulder surgeries.

What Procedures are Excluded from the Pilot?

Inpatient admissions, spine procedures and surgery for Thoracic Outlet Syndrome are excluded from this pilot. These procedures will continue to require the standard Utilization Review.

Clinical reviews are required for:

- Uncommon procedures,
- Procedures where there are no guidelines and
- Procedures that have specific provider limitations.

Also, claims managers may request a UR review on complex cases when there are multiple differing medical treatment recommendations or opinions.

How will Providers be Notified of Their Group Status?

The department will notify Group A providers by letter. Other providers will not receive notification.

Providers may contact the Department OMD UR unit or Qualis Health to determine their UR pilot group status.

What is the Pilot Study Process?

Group A Providers

You are in Group A if you are a provider who had 20 or more reviews in the two year period from January 1, 2003 to December 31, 2004 and received 100% approval recommendation from UR.

Group A providers will be exempt from full clinical UR on most outpatient surgeries.

However, Group A providers must still notify Qualis Health and the department using the following procedures:

Providers must:

- Notify Qualis Health when surgery is planned. (Sample Notification Form is included in this bulletin)
- Submit information or forms that include:
 - planned procedure,
 - place of service,
 - date or anticipated date of service, and
 - office contact name and phone number.
- Use the notification/prior authorization number for billing. Payment for bills submitted without the number, may be delayed or denied.
- Contacts the claims manager to resolve any claims issues.

Qualis will:

- Assign a notification number and
- Forward this information to the department with a recommendation for approval based on provider being in Group A of the pilot study.
- Inform the provider if the claim is non-initiated or the condition being treated is not allowed,

Office of the Medical Director Utilization Review unit staff will:

- Complete all appropriate department computer screens and
- Communicate the recommendation to claims manager.

Claims manager will:

- Authorize surgery unless adjudicative issues are involved.
- Notify provider of authorization decision and/or adjudicative issues.

Failure to notify Qualis Health will result in a retrospective review. Repeated notification failure may jeopardize a provider's Group A status.

All Other Providers

All providers who are not in Group A will be given the opportunity to simplify the UR process by using a clinical checklist request form for the most common outpatient surgeries. The checklists were developed by Qualis Health and follow the Department's Medical Treatment Guidelines, or Qualis Health review criteria.

Checklists are available for carpal tunnel release, most knee and shoulder procedures and ulnar nerve transposition. The carpal tunnel checklist is included in this bulletin.

Checklists for most outpatient surgeries are available by:

- downloaded from Qualis Health's website at <http://qualishealth.org/lniwa/forms.htm> or
- faxed copy by phone request to Qualis Health at 800 541-2894

Providers will:

- Complete the checklist and submit to Qualis Health.
- Use the notification/prior authorization number for billing. Payment for bills submitted without the number, may be delayed or denied.
- Contacts the claims manager to resolve any claims issues.

Forms include a section for the requesting provider to document rationale for surgery requests that do not meet guidelines.

Qualis Health will:

- Determine if the checklist is complete and treatment guidelines / surgical criteria are met.
- Expedite the review.
- Recommend approval if the checklist indicates the surgery meets guidelines.
- Send requests that do not meet guidelines for Qualis Health MD review.
- Forward recommendation for approval to the department's claims manager.
- Inform the provider if the claim is non-initiated or the condition being treated is not allowed.

Claims manager will:

- Notify the provider if authorized or denied.
- Notify provider if adjudicative issues need resolution

How will the Department Monitor the Pilot Study?

To ensure that providers in Group A are continuing to follow guidelines and perform medically necessary surgery, retrospective reviews will be done by Qualis Health using the following model:

- Twenty percent of Group A notifications will be reviewed retrospectively, on a quarterly basis, to determine if the surgery met guidelines.
- Retrospective review will start 90 days after the implementation date.
- Review and evaluation will be a continuous process.
- Retrospective review will be done from records in the Departments file.
- Providers should not have to submit any additional information to Qualis Health if appropriate documentation has already been submitted to the department.

If retrospective review reveals that guidelines have not been met, future requests may require clinical review.

For all other providers, Qualis Health will do random audits on a quarterly basis to determine:

- If the checklist information submitted is accurate.
- If the checklist is found to have inaccurate information, those providers will be requested to submit additional clinical documentation.

What is the Schedule for the Pilot Study?

Time frame	Action
June 2005	UR Simplification Pilot Announced
July 1, 2005	Implementation of UR Simplification Pilot
Jan. to Mar. 2006	Qualis Health phases in web based review
July 2006	Department decides to: <ul style="list-style-type: none">• Continue pilot or• Modify pilot or• Change UR process or• Revert to prior process.

How to Get More Information

Information about the department's Utilization Review program may be accessed in Provider Bulletin 02-04. The bulletin is available online at <http://www.lni.wa.gov/ClaimsIns/files/providers/provbulletins/pbfiles/PB0204.pdf>. Information on Qualis Health can be obtained at <http://qualishealth.org/> or they may be contacted at 800 541-2894.

Questions about the pilot may be directed to Nikki D'Urso at durn235@lni.wa.gov or 360 902-5034

The department's medical treatment guidelines are available online at <http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/TreatGuide/default.asp>.

Information about the department's decisions about treatment or devices is available online at <http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/SpecCovDec/default.asp>.

Technology assessment decisions are available online at <http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/TechAssess/default.asp>.

Medical procedure assessment decisions are available online at <http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/DeviceAssess/default.asp>.

Provider related publications can be downloaded or requested at <http://www.lni.wa.gov/ClaimsIns/Providers/FormPub/Pubs/default.asp>.

Workers' compensation related publications can be downloaded or requested at <http://www.lni.wa.gov/ClaimsIns/Claims/FormPub/Pubs/default.asp>.

Forms and publications can also be downloaded at <http://www.lni.wa.gov/ClaimsIns/Providers/FormPub/Forms/default.asp> or ordered from:

Warehouse
Department of Labor and Industries
PO Box 44843
Olympia WA 98504-4843

UR SIMPLIFICATION PILOT STUDY

Carpal Tunnel Release

Claim #: _____

Name: _____

- ☐ Endoscopic Carpal Tunnel Release
☐ Open Carpal Tunnel Release

{Circle one: Right Left Bilateral }

Conservative Care: Check all that apply

- ☐ Splinting ☐ Anti-inflammatory medication
☐ Steroid Injections (no more than 2 injections in 3 months)

Clinical Findings: Check all that apply

Subjective:

- ☐ Numbness, tingling or “burning” pain of the hand or thumb and first two fingers
 (NOTE: Pain may radiate to inner elbow or shoulder)
☐ Nocturnal symptoms

Objective:

- ☐ Decreased sensation to pin in palm and first 3 digits
☐ Weakness or atrophy of the thenar eminence muscles
☐ Positive Tinel's
☐ Positive Phalen's

Diagnostics:

- ☐ Positive Needle EMG (in cases of definite sensory deficit in median nerve distribution or weakness/atrophy of the thenar muscle)

Nerve Conduction Studies (must be done with control for skin temp in range of 30-34 degrees C): **Please complete table**

	Abnormal cut-point	Right Arm Distal Latency (msec)	Left Arm Distal Latency (msec)
Median Motor to APB	>4.5msec		
Median sensory over 14cm (wrist to digit 2 or 3)	>3.5msec		
Median sensory over 8cm (transcarpal)	>2.2msec		
Median sensory to digit 4 MINUS Ulnar sensory to digit 4	>0.5 msec		
Median sensory (transcarpal) MINUS Ulnar sensory (transcarpal)	>0.3msec		
Ulnar sensory to digit 5	>3.6msec		

- ☐ This request **meets** Medical Treatment Guidelines.
☐ This request **does not meet** Medical Treatment Guidelines, but an exception should be made in this case because:

Criteria for the Diagnosis and Treatment of Work-Related Carpal Tunnel Syndrome				
PROCEDURE	CONSERVATIVE CARE	Clinical Findings		
		SUBJECTIVE	OBJECTIVE	DIAGNOSTIC
DECOMPRESSION OF THE MEDIAN NERVE	<p>- Splinting</p> <p>- Anti-inflammatory medication</p> <p>- Steroid injections*</p> <p>* No more than 2 injections in 3 months</p> <p>NOTE: In the absence of conservative care or with minimal conservative care, a request for surgery can still be considered pending clinical findings.</p>	<p>- Complaints of numbness, tingling or "burning" pain of the hand or thumb and first 2 fingers.</p> <p>AND</p> <p>Nocturnal symptoms may be prominent</p> <p>OR</p> <p>NOTE: Pain may radiate to inner elbow or to the shoulder</p>	<p>- Decreased sensation to pin in palm and first 3 digits</p> <p>OR</p> <p>- Weakness or atrophy of the thenar eminence muscles.</p>	<p>- Abnormal nerve conduction studies. Any one abnormality in one of the following*.</p> <p>- Median motor distal latency >4.5 msec</p> <p>- Median sensory distal latency wrist digit II (14 cm) >3.5 msec</p> <p>palm-wrist (8 cm) >2.2 msec</p> <p>- Median-ulnar sensory latency</p> <p>finger-wrist difference >0.5 msec</p> <p>palm-wrist difference >0.3 msec</p> <p>OR</p> <p>- Positive Needle EMG in cases of definite sensory deficit in median nerve distribution or weakness/atrophy of the thenar muscle</p> <p>NOTE: If test result borderline, may want to repeat after (attempts to) RTW.</p> <p>*NCV must be done with control for skin temperature. Values are true for temperature in range of 30-34 C.</p>
	Nerve conduction studies should be done if worker is off work for > than two weeks or surgery requested.			



DRAFT

UR Simplification Pilot Study

**OUTPATIENT
PROCEDURE
NOTIFICATION**

****NOTE: Certain procedures are excluded from this study. Please see provider bulletin for details.**

Patient Information

Name: _____ Claim #: _____

Date of Birth: _____ Date of Injury: _____ Social Security #: _____

Requesting Physician Information

Physician: _____ L&I Provider #: _____

Office Contact: _____

Office Phone #: _____ Office Fax #: _____

Date of Service: _____

Facility Name: _____ L&I Provider #: _____

Facility Phone #: _____

Procedure Information – SIDE OF BODY {Circle one: Right Left Bilateral}

ICD9-CM Diagnosis Code: _____ CPT Code(s): _____

Procedure Description: _____

Please phone in this information to:

LOCAL PHONE: 206-364-9700 TOLL FREE PHONE: 800-541-2894

Or fax the completed form to:

LOCAL FAX: 206-366-3378 TOLL FREE FAX: 877-665-0383

Or mail the completed form to:

Qualis Health
P.O. Box 33400
10700 Meridian Ave. N, Suite 100
Seattle, Washington 98133-9075

Department of Labor and Industries
Health Services Analysis
PO Box 44322
Olympia WA 98504-4322

PRSRT STD
U.S. POSTAGE PAID
Olympia, WA
PERMIT #312